

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION President		CB/ID No.	DIVISION or BUREAU OOP				INDEX NUMBER 3000	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9105	
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]		CITY San Francisco		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.510

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
26	13:30	SF-France					22.00	B			0.00		22.00	
27		Lyon, France	289.81		7.19						0.00		297.00	
29		Lyon, France			40.96						0.00		40.96	
30		Tel Aviv, Israel									0.00	60.75	60.75	
31		Tel Aviv, Israel		6.11							0.00		6.11	
1		Tel Aviv, Israel									0.00	56.13	56.13	
3		Melbourne, Australia	235.86	20.51							0.00		256.37	
4		Melbourne, Australia			38.86					35.08	0.00	455.20	529.14	
5		Melbourne, Australia								24.28	0.00	181.79	206.07	
6		Melbourne, Australia								24.28	0.00	267.98	292.26	
7		Melbourne, Australia								24.28	0.00		24.28	
8		Melbourne, Australia		16.11	12.63					15.11	0.00	2.97	46.82	
(13) SUBTOTALS			525.67	42.73	46.05	53.59	0.00	22.00		123.03	0.00	0.00	1,024.82	1,837.89

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

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\$1,837.89

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

3/26-29 To attend and speak at the 7th World Life Sciences Forum
 3/30-4/1 Stem Cell lecture at Sackler School of Medicine of Tel Aviv University
 4/3-17 Collaborative partnership and funding meetings, CIRM workshop, and Monash meetings

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0740, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 5.25.11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 25 May 2011
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION President	CB/ID No.	DIVISION or BUREAU OOP			INDEX NUMBER 3000
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.510
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(4) MONTH/YEAR 4/11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
10		Melbourne, Australia								19.84		0.00		19.84
11		Melbourne, Australia								19.84		0.00		19.84
12		Melbourne, Australia								19.84		0.00	118.05	137.89
13		Melbourne, Australia								41.86		0.00		41.86
14		Melbourne, Australia								19.84		0.00	1.46	21.30
15		Melbourne, Australia	145.69	4.86						60.44		0.00	21.53	232.52
16		Melbourne, Australia								4.32		0.00		4.32
17	11:30	Melbourne, Australia-SF								843.03		0.00		843.03
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			145.69	4.86	0.00	0.00	0.00	0.00		1,029.01	0.00	0.00	141.04	1,320.60

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

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3,158.49
\$1,320.60

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

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AGENCY ACCOUNTING OFFICE
USE ONLY

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CLAIMANT'S SIGNATURE [REDACTED]	DATE 5-25-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 25 May 2011 5-24-11
NAME and TITLE (See Item 17 on reverse)		DATE	

3000-31202-50212-3,158.49